

FEB 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4033
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 96
 (b) Township Clayton Primary Registration District No. St. Louis County Hospital Registered No. 31
 (c) City Clayton (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Anna E. Blair 410
 (a) Residence, No. 6425 Suburban, Wellston, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-7-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 5 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME John McCreary

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Mary Best

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) from history (daughter)

18. BURIAL, CREMATION, OR REMOVAL PLACE Celvary Cem DATE Jan 7 1938

19. FUNERAL DIRECTOR (ADDRESS) Geo W Clark
1125 Prodamont Ave.

20. FILED 1-5 1938 THEODORE R. MAYER, M. D. DR. P. H. (Address) St. Louis County Hospital
 Deputy State Registrar Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-38 1938
 22. I HEREBY CERTIFY, That I attended deceased from 12-29-37, 1937, to 1-4-38, 1938.
 I last saw h. er alive on 1-4-38, 1938. Death is said to have occurred on the date stated above, at 9:20 P. M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease
Bronchopneumonia

Date of onset 12-22-37

Other contributory causes of importance:
ASD

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) W. H. Busbaum, M. D.
 (Address) St. Louis County Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

96
22
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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)